Family Care UPDATE

Options for Long Term Care

Volume 2, September 2001

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Increase consumer choice

Improve access to services

Create a comprehensive and flexible long term care service system

Improve quality through a focus on health and social outcomes

Create a cost effective long term care system for the future

Family Care Goes Hi-Tech

Technology changes have been occurring at a staggering pace over the past few years. Whether it's cell phones or palm-pilots, shopping over the Internet or e-mailing family or friends who live hundreds of miles away, recent technology changes have had a major impact on almost everyone. The Department of Health and Family Service (DHFS) is committed to using new technologies to help provide better service to consumers wherever appropriate.

The first major new use of technology will come this fall with the new Long Term Care Functional Screen (LTCFS) (see related article in the June issue of the *Family Care Update*). The Functional Screen has been used since 1997 and is now the official tool to determine functional eligibility for Family Care. In October of this year, the Functional Screen will be accessible from an Internet web site. Resource Centers and Care Management Organizations will have training for the new version of the screen available to them in October.

Consumers will see an immediate impact when the LTCFS is moved to the Internet. More screeners may use laptops during the screening process rather than filling out the screen on paper. Since the completed screen will be easily available to CMO and RC staff working with the person, consumers will not be contacted multiple times by workers asking the same or similar questions.

The Functional Screen is just the first function that will be implemented on a new Long Term Care Internet menu utility, or portal. The goal is to provide more access and information directly to the consumer through this Long Term Care Portal. For example, DHFS hopes to implement both a functional pre-screen and financial pre-screen function that would help potential consumers determine if they might be eligible for Family Care.

County agencies are also using Internet technology to provide information and services to consumers. One example is the Milwaukee County Department on Aging (MCDA) and their use of computers at the senior centers. Dr. Linda Cieslik, Program Coordinator for Community Health at MCDA, explains, "We're really committed to technical education for our older adults." MCDA has provided computers, Internet access, and training for seniors at several of their senior centers (see photo, right). Training classes include both the basics, such as typing, point-and-click with the mouse, navigating

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Mr. Bob Bogan gets health and fitness information online at the Washington Park Senior Center in Milwaukee.

Family Care Update

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through Windows, and more advanced training, such as using genealogy programs or desktop publishing. Internet training is also available, including navigating the web, and using browsers and e-mail. Linda Cieslik describes seniors as very enthusiastic about learning new technologies, and the demand for training has been brisk.

MCDA's Resource Center also coordinates information for the www.milwaukeecounty.com website, which provides information regarding benefits, programs and services provided by the department. There have been over 8,500 "hits" on the web site this year and an adult child of an elderly Milwaukee man contacted MCDA from Europe via the Internet. MCDA is also developing an Internet Portal for seniors. While the portal site is still under construction, the site will be the central point to access information about available resources and services for seniors and will include e-mail, chat and message board services.

It's hard to predict what new technologies will become common during the upcoming years. However, consumers will continue to see DHFS and counties using technology innovations as a means to improve consumer access to information and services. ◆

Continuing To Spread the Good News about Family Care's Aging & Disability Resource Centers

Staff in the local Aging and Disability Resource Centers (ADRCs) have developed local linkages and innovative practices that have proved to be very effective in providing benefits to consumers. Some creative practices discussed during site visits by the DHFS ADRC team during the past summer include:

The **Kenosha County ADRC** has a cooperative arrangement with the local emergency rescue unit. Every Monday morning the emergency rescue team prints out a list of all the people who have called 911 for at least the second time during the past week. The list is shared with Adult Protective Services, Community Options Program, Social Services, and ADRC Information and Assistance staff. The list is also available for long term support case workers and is a good source of information on hospitalizations and emergency room visits. The ADRC discovered from the beginning that many people in the Resource Centers' target group who call 911 due to falls or other service needs had already been in contact with the Resource Center and were in their client database.

The **Milwaukee County Department on Aging Resource Center** teams with the County Treasurer to help older adults who are in danger of losing their homes because of property tax foreclosures. When the County Treasurer discovers a homeowner with delinquent property taxes is 60 years old or over, she requests the homeowner's permission to make a referral on his/her behalf to the Resource Center. Resource Center staff telephone the homeowner or a designated relative to discuss the situation and offer help. Often, older adults are unaware of the variety of benefits and programs that might help. Resource Center staff have been able to provide financial counseling, link people up with appropriate benefits, and make referrals to other programs that can be of help.

For example, one woman fell several years behind on her property taxes because she was paying off extensive medical bills, but was unaware that Medicaid could pay

a portion of her medical expenses. Another woman obtained a substantial home equity loan but couldn't afford to make the monthly loan payment or to pay her property taxes; Resource Center staff provided her with information on how to obtain a reverse mortgage, which was a more viable option for her.

These two county agencies are also taking steps to expand joint services to elderly citizens who want to remain in their own homes but face financial difficulties doing so. The Milwaukee County Department on Aging has taken the lead in submitting a grant proposal to fund an intensive financial counseling program for seniors who fall delinquent in their property taxes, and the County Treasurer is convening a group to sponsor training for reverse mortgage counselors next April.

At the **Portage County ADRC**, rapport and trust built during long term care options counseling enabled the family of an elderly Spanish-speaking woman, Ms. Socorro Solis, to accept the help needed for their mother to stay at home (see photo, below). The woman had been struggling during a stay in a nursing home, losing weight and not participating in prescribed therapies, partly because nursing home staff couldn't communicate in Spanish, and she didn't speak English.

Her family decided to bring her home, and her daughter quit working so she could care for her mother herself. When the Resource Center became involved, the family was in need of help. The ability of the ADRC staff to offer concrete suggestions was the key to building trust with this family. For instance, the family was facing financial hardship because of the loss of income, and the ADRC pointed out that it might be possible for the daughter to be paid for the care she was providing, and that some of the mother's necessary over-the-counter supplies could be paid for by Family Care. When the mother enrolled in the CMO, the care plan included some paid caregiving by the daughter, which allowed the family to invest in changes to their home to better accommodate the family's new needs.

A year later, the same ADRC social worker who provided the initial options counseling returned for the eligibility re-certification for this member. She found a different circumstance from her initial visit. The woman is thriving. She has the equipment and supplies she needs. The family is adding a front porch to offer more room for both the mother and the rest of the family. The daughter is pleased to be able to stay at home and help her mother as well as spend time with her two children. ◆

Socorro Solis (front, center) with her daughter, son-in-law and grandchildren.

Governor Signs State Budget

The year-long State of Wisconsin budget process for the 2001 – 2003 biennium has recently concluded. Unlike prior budgets adopted in times when the state and national economy was strong, this biennium's budget required some tough choices.

Governor McCallum's veto decisions regarding Family Care were consistent with his original budget proposal. Governor McCallum had indicated in the budget he submitted to the Legislature in February and in his recent veto message that he did not want to expand Family Care until he saw the results of the independent evaluation. Therefore, the Governor did not approve the funding to provide a new Care Management Organization in Kenosha County, and he did not approve the funding for planning for Family Care expansion into additional counties.

The Governor also vetoed the funding for the Family Care Independent Advocacy program and the funding and statutory basis for the Wisconsin Council on Long Term Care. With respect to external advocacy, the Governor stated that he was eliminating this component of the Family Care program because DHFS has grievance procedures in place to mediate and make decisions concerning disputes that arise. With respect to the Council on Long Term Care, the Council will continue to meet and advise the DHFS Secretary on issues related to long term care services.

Governor McCallum made it clear in his veto message that he has passed no judgement on Family Care. He stated: "…While preliminary evaluations appear to be quite positive, the program's

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significant costs compel me to delay further expansion until the full evaluation of the program is completed in September 2002. With this evaluation, we should have better information to understand the cost effectiveness of the program. . . "

This spring the Resource Centers provided valuable insight concerning their workloads and work patterns and asked DHFS to re-budget based on the new information. Although the budget process was well underway, the re-estimate of Resource Center costs, adding $1.3 million (all funds) in state fiscal year 2002 and $1.4 million (all funds) in state fiscal year 2003 to what the Governor had initially proposed, was accepted in the final budget. As a result, Resource Centers will soon receive increases in their annual budgets.

Under the final 01-03 biennial budget, the total projected cost of Family Care is $110.4 million in state fiscal year (FY) 2001-02 and $147.7 million in state fiscal year 2002-03. Approximately half of the total cost will be funded with federal funds. The remaining portion, $51.4 million in FY 2001-02 and $68.7 million in FY 2002-03, will be funded by state revenue (known as general purpose revenue—GPR). The bulk of the GPR will be funding reallocated from existing programs, including the Medicaid fee-for-service, Community Options, and Community Aids programs. This reallocation reflects the fact that some individuals will be served in Family Care rather than these other programs. The amount of *new* GPR funding provided for Family Care is $2.0 million in FY 2001-02 and $7.1 million in FY 2002-03. ◆

More detailed information about the 2001-2003 Biennial Budget can be found on our web site at: www.dhfs.state.wi.us/LTCare

A Local Long Term Care Council at Work: Trempealeau County

In Trempealeau County a collaborative group of agencies embraced the concept of the local long term care council, seeing it as an opportunity to involve consumers, community members and county board members in better understanding long term care issues, evaluating what is currently being provided and looking at what needs to be improved to better serve people. The Aging and Disability Resource Center (ADRC) of Trempealeau County, Senior Services, Health Department, Social Services, Unified Board and University Extension staff have worked together to develop an active council, involving people who are interested in the future of long term care services for county residents.

As ADRC staff member Becky Severson explains it, "We decided the council should be an action group with credibility so that there would be outcomes as a result of their ideas and efforts. To build this credibility we felt very strongly that there had to be an ongoing educational component to the meetings. By learning from each other we can make improvements in services that people need."

Council education has included presentations from consumers sharing their experiences, and from provider agencies. Council members have been given information about how programs are structured and administered on both the local and state levels. Each member has a three-ring binder for information received at the meetings.

In order to accomplish their goals for an effective council, it was recognized that some basic structure was needed. The council meets for two hours once a month, at the same time and location. Each meeting has a facilitator from the University Extension office, a chairperson, and a secretary. Agendas are developed by the Council with suggestions from anyone attending the meetings. The University Extension office distributes the agendas and minutes. So that people feel free to ask questions and express their opinions, some basic ground rules were established, and each person received a copy of these rules at their first meeting.

The Council's 17 members are from communities throughout Trempealeau County, and are people who are able to give of their time and energy, and are interested in the future of

Members of the Trempealeau County Local Long Term Care Council and staff from the Aging and Disability Resource Center.

"The Long Term Care Council has been something that we have been thinking about for many years, but have not had a clear direction in how best to accomplish it. We are grateful for the statutory requirement for the development of the Council because it has established some of the basic direction and support we needed to make this committee a successful experience!"

Becky Severson, Trempealeau County Aging & Disability Resource Center

long term care. They are consumers, family representatives of consumers and/or agencies providing long term care services, and represent physically challenged, elderly, mental health and developmentally challenged target groups. Council members have set terms, so they know how long they will be involved and can be truly committed during that time. Since the goal was to have the Council consist of people from the community and not county agency staff, the collaborative agencies listed above attend Council meetings and are available to answer questions, but are not members.

County staff believe that the basic philosophy of the Community Options Program (COP) and the establishment of the initial COP Advisory Committee was an excellent foundation for the development of their Long Term Care Council. The Community Options Program (COP) Advisory Committee was combined with the Long Term Care Council so some of the members from that group became part of the Council. The responsibilities of the COP Advisory Committee are now part of the Long Term Care Council meetings. ◆

Richland County CMO…the First 6 Months

The newest Family Care CMO pilot began in Richland County on January 1, 2001. A team of state staff visited the CMO in June, and learned that after only 6 months of operation a lot of great things are happening.

Since staff began preparing to become certified as a CMO, there have been many changes in Richland County. Many of those changes were positive, and have paved the way for the benefits of Family Care to reach consumers in that county. Some of the most notable changes included: organizational restructuring, moving to a new location, recruiting and hiring new staff, and big changes in day-to-day business operations. CMO Manager, Teri Buros, stated that, "Through all the chaos of getting started, staff maintained their investment in the people they support. I feel that this has been our strongest achievement."

Overall, Teri indicated that the CMO has been working hard to put the framework of Family Care in place in Richland County. Developing new ways to support best practice in care management, developing new resources for services and contracts with providers that focus on meeting member outcomes and educating the community about what Family Care offers consumers are just some of the things they have been working on.

One new position created in the CMO before start-up was 'Member Relations Coordinator.' Lisa Thomas-Renier holds that position. Her job is to ensure that CMO processes are working smoothly for members. She has an opportunity to see things from members' perspectives and share that information with the CMO management team and other staff.

One of the ways Lisa does this is through her responsibility to make sure that members have access to the complaints and grievances process. "We have seen an increase in access to the complaints and grievances process since becoming a CMO. We think this is a good thing. It's very positive that our members are exercising their right to make a complaint or formally disagree with decisions that are made. By responding to member complaints, we have also found

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Heidi Sheire (right), a member of the Richland County CMO, shares her ideas with Lisa Thomas-Renier about possible changes to Richland County's CMO Member Handbook.

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ways to be more consistent." Lisa also makes regular visits to members whenever they request it, and often she visits with their interdisciplinary teams. She has found that teams have a great deal of flexibility in Family Care, and have developed very creative support and care plans because of that flexibility. "Staff are really able to think 'outside the box'. Its great!"

"Staff are really able to think 'outside the box'. Its great!"

Lisa Thomas-Renier
Richland County CMO Member Relations Coordinator

Other ways Lisa stays connected to members is through developing the Member Handbook and the CMO's web site. She also participates in giving presentations about Family Care to community groups and recently gave a training at an employment site about member rights.

The Member Relations Coordinator has proved to be a very valuable addition to the CMO. By working in partnership with members, providers, interdisciplinary teams and other staff throughout the organization, she is able to help assure a positive experience for both members and staff. ◆

New Family Care Waivers Approved by the Federal Government

States need a waiver of certain Medicaid regulations in order to use federal Medicaid funds for Home and Community Based Services (HCBS) or to provide Medicaid services through managed care.

On June 1, 2001, after nearly four years of negotiation, the federal Centers for Medicare & Medicaid Services (CMS), formerly the Health Care Financing Administration (HCFA), approved new Family Care waivers for Wisconsin. These waivers were the final pieces needed to fully implement Family Care as a managed care program.

Up until now, Family Care has had to use Wisconsin's current HCBS waivers (COP-W, CIP I, etc.) along with a prepaid health plan (PHP) contract to operate Family Care. This meant that pilot counties had to continue operating their old programs and at the same time begin operating CMOs under Family Care. The combination of new approved Family Care HCBS waivers and managed care waivers will change that.

There were actually four Family Care waivers approved:

- **Two 1915(c) waivers**--one for people with developmental disabilities, and one for people who are aged or have physical disabilities--which authorize the Department to use Medicaid funds to provide HCBS instead of only institutional care for people whose care needs would qualify for Medicaid funding in a nursing home.
- **Two 1915(b) waivers**--one for people age 60 and over in Milwaukee County, and one for all adults in the other pilot counties--which authorize the Department to make HCBS waiver services in those counties available only through the prepaid capitated Family Care benefit.

The 1915(b) waivers are sometimes called waivers of freedom of choice. This refers to the fact that in Family Care, the Care Management Organizations (CMOs) contract with certain service providers, and work with those providers to assure quality services for CMO members. Members are expected to use the providers that are under contract to the CMO, and do not have the freedom to choose any provider. Any restriction in freedom of choice of providers is offset by the fact that while the benefits available in the old and new systems are similar, in Family Care services are available more quickly; and people get services without being put on a waiting list. And, in fact, Family Care does not really restrict consumers' choice of providers very much. For the most part, the providers consumers were using prior to Family Care have been included in the CMOs' provider networks.

CMOs also have to abide by certain contract standards for consumer choice of providers:

- For services that involve intimate personal needs, the CMO must contract with anyone the consumer chooses who will meet the CMO's quality standards for that type of service, and do it for the rate the CMO pays other like providers;
- For other providers, the CMO may establish a limited "network" of providers, but the provider network must have the capacity to provide all of the services in the benefit package sufficiently to meet the needs of all of the consumers the CMO serves--this includes having an adequate range of provider types in all geographic parts of its service area;
- Consumers can request the addition of providers to the CMO network, and CMOs must consider such requests;
- Finally, if there is not a provider in the CMO network that can meet the unique needs of a specific individual,

Home and Community Based Waiver Program Celebrates it's 20th Anniversary!

The first home and community-based waiver program was established in 1981. There are currently 240 HCBS waiver programs in effect. All States except Arizona have at least one such program. Arizona is a technical exception, though, because it runs the equivalent of an HCBS waiver program under section 1115 demonstration waiver authority.

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Medicaid home and community-based service (HCBS) waivers give States flexibility to develop and implement creative alternatives to placing people in hospitals, nursing facilities or intermediate care facilities. The HCBS waiver program recognizes that many individuals at risk of being placed in these facilities can be cared for in their homes and communities, preserving their independence and ties to family and friends at a cost no higher than that of institutional care.

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HCBS waiver programs are initially approved for three years and may be renewed at five- year intervals.

Source: www.hcfa.gov/medicaid/hpg4.htm

the CMO must purchase the needed service from outside its network.

The way individuals in the Family Care target groups get home and community-based waiver services will change once the state begins contracting under the new Family Care waivers (January 1, 2002). In the pilot counties:

- **People not in the Family Care target group** (children or people whose long term care needs are caused by mental illness or substance abuse) will continue to receive services through the old waiver programs.
- But, **people in the Family Care target group** will no longer be eligible for the old programs. If they enroll, they will get all of their long term care services through the CMO, including both HCB waiver services and those services usually available only through private Medicaid program providers (nursing home, home health, nursing, personal care, durable medical equipment, disposable medical supplies, and therapies). If they choose not to enroll, they will not be able to get the more flexible waiver services, but can get health care and the other Medicaid long term care services through private Medicaid program providers.

Other differences as a result of the new Family Care waivers include:

- Functional eligibility will be determined using the new LTC functional screen only; for some people this will happen for the first time at their next regularly scheduled eligibility review.
- A person can enroll in only one managed care organization --in Milwaukee if people enroll in Family Care they cannot also be enrolled in PACE, Partnership or I-Care.
- Enrollment counseling from an independent agency will be offered to each consumer considering enrolling in a CMO.
- The state will monitor quality by evaluating outcomes for consumers rather than by pre-approving and authorizing plans of care. ◆

"National Seminar", continued from back cover

Seminar participants from around the nation described their efforts to identify consumer characteristics that can accurately predict long term care costs. Consumer characteristics that researchers have focused on include Activities of Daily Living (such as eating and bathing), Instrumental Activities of Daily Living (such as the ability to use the phone and arrange transportation), mental and cognitive condition, living arrangements, availability of informal supports, age and gender.

Researchers at the seminar reported that by identifying and combining certain of these characteristics, they were able to predict, with some success, the long term care costs of consumers from their unique circumstances. This process can then be used to set average capitated rates for groups of clients.

Other seminar participants, while expressing support for the general direction and promise of functional-based rate setting, pointed out that the unique circumstances in each state must be understood and taken into account in these efforts. Understanding the interplay between the Medicaid and Medicare programs is also vital in developing new functional-based rate setting methods. This advice will be very valuable to the DHFS and CMO pilot staff as they work toward developing a rate that will help achieve the promise of Family Care. ◆

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FAMILY CARE
Options for Long-Term Care

Family Care Hosts a National Seminar on Need-Based Rates

One necessary element for Family Care to succeed is for the rate the state pays CMOs to be adequate to achieve consumer outcomes, while encouraging cost-effectiveness and allowing for expanded access to long term care services. The Department hopes to achieve this by developing a way to set rates based on the functional status of CMO members, as measured by the Long Term Care Functional Screen (LTCFS).

In support of these efforts, the DHFS Center for Delivery Systems Development, together with the Robert Wood Johnson Foundation Medicare/Medicaid Integration Program sponsored a national seminar July 12 and 13, 2001, to review current research efforts in this area, and to assess their usefulness for Family Care. Those in attendance included nationally recognized academic researchers, high-level managers of long term care projects in several states including Rhode Island and Connecticut, representatives from national actuarial and accounting firms, staff from several areas of DHFS, Family Care CMOs and Wisconsin Partnership Program agencies.

Current Family Care rates are based on the actual historical costs of persons who join the CMOs, adjusted for inflation and changes in health status. This method could suffer from potential weaknesses if used in future years, because more members who do not have cost histories will be joining Family Care. In addition, the CMO's cost of providing services and achieving member outcomes may be different than the historical costs in the Home and Community Based Waiver programs and the Medicaid fee for service program. With this in mind and in view of Family Care's long standing philosophy and objectives, CDSD and CMO staff are currently exploring and developing the foundations for future functional-based rate setting methods.

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